



# MISSOURI INDIVIDUAL INCOME TAX RETURN SINGLE/MARRIED (INCOME FROM ONE SPOUSE)—SHORT FORM

# 2012 FORM MO-1040A

|                                                                     |  |            |  |                |                                                 |                                 |  |                                              |  |
|---------------------------------------------------------------------|--|------------|--|----------------|-------------------------------------------------|---------------------------------|--|----------------------------------------------|--|
| LAST NAME                                                           |  | FIRST NAME |  | MIDDLE INITIAL | DECEASED<br><input type="checkbox"/> 2012       | SOCIAL SECURITY NUMBER          |  | SOFTWARE<br>VENDOR CODE<br>(Assigned by DOR) |  |
| SPOUSE'S LAST NAME                                                  |  | FIRST NAME |  | MIDDLE INITIAL | DECEASED<br><input type="checkbox"/> 2012       | SPOUSE'S SOCIAL SECURITY NUMBER |  | <b>002</b>                                   |  |
| IN CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REPRESENTATIVE, ETC.) |  |            |  |                |                                                 |                                 |  | COUNTY OF RESIDENCE                          |  |
| PRESENT ADDRESS (INCLUDE APARTMENT NO. OR RURAL ROUTE)              |  |            |  |                | CITY, TOWN, OR POST OFFICE, STATE, AND ZIP CODE |                                 |  |                                              |  |

  

|                                                                                 |                                                                      |                                                                      |                                                                      |                                                                      |
|---------------------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------|
| PLEASE CHECK THE APPROPRIATE<br>BOXES THAT APPLY TO YOURSELF<br>OR YOUR SPOUSE. | <b>AGE 65 OR OLDER</b>                                               | <b>BLIND</b>                                                         | <b>100% DISABLED</b>                                                 | <b>NON-OBLIGATED SPOUSE</b>                                          |
|                                                                                 | <input type="checkbox"/> YOURSELF<br><input type="checkbox"/> SPOUSE | <input type="checkbox"/> YOURSELF<br><input type="checkbox"/> SPOUSE | <input type="checkbox"/> YOURSELF<br><input type="checkbox"/> SPOUSE | <input type="checkbox"/> YOURSELF<br><input type="checkbox"/> SPOUSE |

  

|               |                                                                                                        |          |   |    |
|---------------|--------------------------------------------------------------------------------------------------------|----------|---|----|
| <b>INCOME</b> | 1. Federal adjusted gross income from your 2012 federal return. (See page 6 of the instructions.)..... | <b>1</b> |   | 00 |
|               | 2. Any state income tax refund included in your 2012 federal adjusted gross income .....               | <b>2</b> | - | 00 |
|               | 3. Total Missouri adjusted gross income — Subtract Line 2 from Line 1. ....                            | <b>3</b> | = | 00 |

  

|                                                  |                                                                                                                                                                                                                                                                                                                                                                             |          |          |    |    |
|--------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----|----|
| <b>DEDUCTIONS</b>                                | 4. Mark your filing status box below and enter the appropriate exemption amount on Line 4.                                                                                                                                                                                                                                                                                  |          |          |    |    |
|                                                  | <input type="checkbox"/> A. Single — <b>\$2,100 (See Box B before checking.)</b> <input type="checkbox"/> D. Married filing separate — <b>\$2,100</b>                                                                                                                                                                                                                       |          |          |    |    |
|                                                  | <input type="checkbox"/> B. Claimed as a dependent on another person's federal tax return — <b>\$0.00</b> <input type="checkbox"/> E. Married filing separate (spouse NOT filing) — <b>\$4,200</b>                                                                                                                                                                          |          |          |    |    |
|                                                  | <input type="checkbox"/> C. Married filing joint federal & combined Missouri — <b>\$4,200</b> <input type="checkbox"/> F. Head of household — <b>\$3,500</b>                                                                                                                                                                                                                |          |          |    |    |
|                                                  | Check which spouse had income:<br><input type="checkbox"/> Yourself <input type="checkbox"/> Spouse                                                                                                                                                                                                                                                                         |          |          |    |    |
|                                                  | <input type="checkbox"/> G. Qualifying widow(er) with dependent child — <b>\$3,500</b>                                                                                                                                                                                                                                                                                      |          |          |    |    |
|                                                  | 5. Tax from federal return (Do not enter federal income tax withheld.) — <span style="border: 1px solid black; padding: 0 20px;"> </span> Enter this amount on Line 5 or \$5,000, whichever is less. If married filing combined, enter this amount on Line 5 or \$10,000, whichever is less. ....                                                                           |          | <b>5</b> | +  | 00 |
|                                                  | 6. Missouri standard deduction or itemized deductions. Single or Married Filing Separate — <b>\$5,950</b> ; Head of Household — <b>\$8,700</b> ; Married Filing a Combined Return or Qualifying Widow(er) — <b>\$11,900</b> . If you are age 65 or older, blind, or claimed as a dependent, see your federal return or page 7. If you are itemizing, see back of form. .... |          | <b>6</b> | +  | 00 |
|                                                  | 7. Number of dependents you claimed on your Federal Form 1040 or 1040A, Line 6c (Do not include yourself or your spouse.) <span style="border: 1px solid black; padding: 0 10px;"> </span> x \$1,200 = .....                                                                                                                                                                |          | <b>7</b> | +  | 00 |
| 8. Long-term care insurance deduction.....       |                                                                                                                                                                                                                                                                                                                                                                             | <b>8</b> | +        | 00 |    |
| 9. Total Deductions — Add Lines 4 through 8..... |                                                                                                                                                                                                                                                                                                                                                                             | <b>9</b> | =        | 00 |    |

  

|            |                                                                             |           |  |    |
|------------|-----------------------------------------------------------------------------|-----------|--|----|
| <b>TAX</b> | 10. Missouri Taxable Income — Subtract Line 9 from Line 3.....              | <b>10</b> |  | 00 |
|            | 11. Tax — Use the tax table on the back of this form to figure the tax..... | <b>11</b> |  | 00 |

  

|                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         |                                    |                        |                                         |                                      |                        |                             |                                      |                                   |                                   |                          |                                   |                                   |    |    |    |    |    |    |    |    |    |    |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------------------|------------------------|-----------------------------------------|--------------------------------------|------------------------|-----------------------------|--------------------------------------|-----------------------------------|-----------------------------------|--------------------------|-----------------------------------|-----------------------------------|----|----|----|----|----|----|----|----|----|----|--|--|--|--|
| <b>REFUND</b>                                                                                                                                                                                                                                                                                                                                           | 12. Missouri tax withheld from your Forms W-2 and Forms 1099. Attach copies of Forms W-2 and Forms 1099. ....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                         | <b>12</b>                          |                        | 00                                      |                                      |                        |                             |                                      |                                   |                                   |                          |                                   |                                   |    |    |    |    |    |    |    |    |    |    |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                         | 13. Any Missouri estimated tax payments made for 2012 (include overpayment from 2011 applied to 2012). ....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         | <b>13</b>                          |                        | 00                                      |                                      |                        |                             |                                      |                                   |                                   |                          |                                   |                                   |    |    |    |    |    |    |    |    |    |    |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                         | 14. Total Payments — Add Lines 12 and 13.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                         | <b>14</b>                          |                        | 00                                      |                                      |                        |                             |                                      |                                   |                                   |                          |                                   |                                   |    |    |    |    |    |    |    |    |    |    |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                         | 15. If Line 14 (Total Payments) is more than Line 11 (Total Tax), enter the difference (amount of overpayment) here. (If Line 14 is less than Line 11, skip to Line 19.) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         | <b>15</b>                          |                        | 00                                      |                                      |                        |                             |                                      |                                   |                                   |                          |                                   |                                   |    |    |    |    |    |    |    |    |    |    |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                         | 16. Amount from Line 15 that you want applied to your 2013 estimated tax. ....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         | <b>16</b>                          |                        | 00                                      |                                      |                        |                             |                                      |                                   |                                   |                          |                                   |                                   |    |    |    |    |    |    |    |    |    |    |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                         | 17. Enter the amount of your donation in the trust fund boxes to the right. See the instructions for fund codes..... 17. <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="text-align: center;"> Children's Trust Fund</td> <td style="text-align: center;"> Veterans Trust Fund</td> <td style="text-align: center;"> Elderly Home Delivered Meals Trust Fund</td> <td style="text-align: center;"> Missouri National Guard Trust Fund</td> <td style="text-align: center;"> Workers' Memorial Fund</td> <td style="text-align: center;"> Childhood Lead Testing Fund</td> <td style="text-align: center;"> Missouri Military Family Relief Fund</td> <td style="text-align: center;"> General Revenue Fund</td> <td style="text-align: center;"> After School Retreat Fund</td> <td style="text-align: center;"> Organ Donor Program Fund</td> <td style="text-align: center;">Additional Fund Code (See Instr.)</td> <td style="text-align: center;">Additional Fund Code (See Instr.)</td> </tr> <tr> <td style="text-align: right;">00</td> <td style="text-align: right;">00</td> <td style="text-align: right;">00</td> <td style="text-align: right;">00</td> <td style="text-align: right;">00</td> <td style="text-align: right;">00</td> <td style="text-align: right;">00</td> <td style="text-align: right;">00</td> <td style="text-align: right;">00</td> <td style="text-align: right;">00</td> <td></td> <td></td> </tr> </table> |                                         | Children's Trust Fund              | Veterans Trust Fund    | Elderly Home Delivered Meals Trust Fund | Missouri National Guard Trust Fund   | Workers' Memorial Fund | Childhood Lead Testing Fund | Missouri Military Family Relief Fund | General Revenue Fund              | After School Retreat Fund         | Organ Donor Program Fund | Additional Fund Code (See Instr.) | Additional Fund Code (See Instr.) | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 |  |  |  |  |
| Children's Trust Fund                                                                                                                                                                                                                                                                                                                                   | Veterans Trust Fund                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Elderly Home Delivered Meals Trust Fund | Missouri National Guard Trust Fund | Workers' Memorial Fund | Childhood Lead Testing Fund             | Missouri Military Family Relief Fund | General Revenue Fund   | After School Retreat Fund   | Organ Donor Program Fund             | Additional Fund Code (See Instr.) | Additional Fund Code (See Instr.) |                          |                                   |                                   |    |    |    |    |    |    |    |    |    |    |  |  |  |  |
| 00                                                                                                                                                                                                                                                                                                                                                      | 00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 00                                      | 00                                 | 00                     | 00                                      | 00                                   | 00                     | 00                          | 00                                   |                                   |                                   |                          |                                   |                                   |    |    |    |    |    |    |    |    |    |    |  |  |  |  |
| 18. <b>REFUND</b> - Subtract Lines 16 and 17 from Line 15 and enter here. This is your refund. <b>Sign below</b> and mail to: <b>Department of Revenue, P.O. Box 500, Jefferson City, MO 65106-0500.</b><br>Check the box if you want your refund issued on a debit card. See instructions for Line 18. .... <input type="checkbox"/> <b>Debit Card</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>18</b>                               |                                    | 00                     |                                         |                                      |                        |                             |                                      |                                   |                                   |                          |                                   |                                   |    |    |    |    |    |    |    |    |    |    |  |  |  |  |

  

|                   |                                                                                                                                                                                                                                                         |           |  |    |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|----|
| <b>AMOUNT DUE</b> | 19. <b>AMOUNT DUE</b> - If Line 14 is less than Line 11, enter the difference here. You have an amount due. <b>Sign below</b> and mail to: <b>Department of Revenue, P.O. Box 329, Jefferson City, MO 65107-0329.</b> See instructions for Line 19..... | <b>19</b> |  | 00 |
|                   | If you pay by check, you authorize the Department of Revenue to process the check electronically. Any check returned unpaid may be presented again electronically.                                                                                      |           |  |    |

  

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he or she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit or abatement if I employ such aliens.

  

|                  |                                                                                                                                                                                                       |  |                                    |  |                                   |  |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------|--|-----------------------------------|--|
| <b>SIGNATURE</b> | I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm. <input type="checkbox"/> YES <input type="checkbox"/> NO |  | E-MAIL ADDRESS                     |  | PREPARER'S PHONE<br>( ) - - - - - |  |
|                  | SIGNATURE                                                                                                                                                                                             |  | DATE (MMDDYYYY)<br>_/_/____        |  | PREPARER'S SIGNATURE              |  |
|                  | SPOUSE'S SIGNATURE (If filing combined, BOTH must sign)                                                                                                                                               |  | DAYTIME TELEPHONE<br>( ) - - - - - |  | PREPARER'S ADDRESS AND ZIP CODE   |  |
|                  |                                                                                                                                                                                                       |  |                                    |  | DATE (MMDDYYYY)<br>_/_/____       |  |

# MISSOURI ITEMIZED DEDUCTIONS

- Complete this section only if you itemized deductions on your federal return. (See the information on page 7.)
- Attach a copy of your Federal Form 1040 (pages 1 and 2) and Federal Schedule A.

|                                                                                                                    |   |  |    |
|--------------------------------------------------------------------------------------------------------------------|---|--|----|
| 1. Total federal itemized deductions from Federal Form 1040, Line 40. . . . .                                      | 1 |  | 00 |
| 2. 2012 (FICA) — Social security<br>\$ _____ + Medicare \$ _____ . . . . .                                         | 2 |  | 00 |
| 3. 2012 Railroad retirement tax — (Tier I and Tier II)<br>\$ _____ + Medicare \$ _____ . . . . .                   | 3 |  | 00 |
| 4. 2012 Self-employment tax — See instructions on page 9. . . . .                                                  | 4 |  | 00 |
| 5. TOTAL — Add Lines 1 through 4. . . . .                                                                          | 5 |  | 00 |
| 6. State and local income taxes — See instructions on page 9. . . . .                                              | 6 |  | 00 |
| 7. Earnings taxes included in Line 6 — See instructions on page 9. . . . .                                         | 7 |  | 00 |
| 8. Net state income taxes — Subtract Line 7 from Line 6. . . . .                                                   | 8 |  | 00 |
| 9. MISSOURI ITEMIZED DEDUCTIONS — Subtract Line 8 from Line 5.<br>Enter here and on front of form, Line 6. . . . . | 9 |  | 00 |

**NOTE: IF LINE 9 IS LESS THAN YOUR FEDERAL STANDARD DEDUCTION, SEE INFORMATION ON PAGE 7.**

## 2012 TAX TABLE

If Missouri taxable income from Form MO-1040A, Line 10, is less than \$9,000, use the table to figure tax;  
if more than \$9,000, use worksheet below or use the online tax calculator at <http://dor.mo.gov/personal/individual/>.

| If Line 10 is |               |             | If Line 10 is |               |             | If Line 10 is |               |             | If Line 10 is |               |             | If Line 10 is |               |             | If Line 10 is |               |             |
|---------------|---------------|-------------|---------------|---------------|-------------|---------------|---------------|-------------|---------------|---------------|-------------|---------------|---------------|-------------|---------------|---------------|-------------|
| At least      | But less than | Your tax is | At least      | But less than | Your tax is | At least      | But less than | Your tax is | At least      | But less than | Your tax is | At least      | But less than | Your tax is | At least      | But less than | Your tax is |
| 0             | 100           | \$ 0        | 1,500         | 1,600         | \$ 26       | 3,000         | 3,100         | \$ 62       | 4,500         | 4,600         | \$ 109      | 6,000         | 6,100         | \$ 167      | 7,500         | 7,600         | \$ 238      |
| 100           | 200           | 2           | 1,600         | 1,700         | 28          | 3,100         | 3,200         | 65          | 4,600         | 4,700         | 113         | 6,100         | 6,200         | 172         | 7,600         | 7,700         | 243         |
| 200           | 300           | 4           | 1,700         | 1,800         | 30          | 3,200         | 3,300         | 68          | 4,700         | 4,800         | 116         | 6,200         | 6,300         | 176         | 7,700         | 7,800         | 248         |
| 300           | 400           | 5           | 1,800         | 1,900         | 32          | 3,300         | 3,400         | 71          | 4,800         | 4,900         | 120         | 6,300         | 6,400         | 181         | 7,800         | 7,900         | 253         |
| 400           | 500           | 7           | 1,900         | 2,000         | 34          | 3,400         | 3,500         | 74          | 4,900         | 5,000         | 123         | 6,400         | 6,500         | 185         | 7,900         | 8,000         | 258         |
| 500           | 600           | 8           | 2,000         | 2,100         | 36          | 3,500         | 3,600         | 77          | 5,000         | 5,100         | 127         | 6,500         | 6,600         | 190         | 8,000         | 8,100         | 263         |
| 600           | 700           | 10          | 2,100         | 2,200         | 39          | 3,600         | 3,700         | 80          | 5,100         | 5,200         | 131         | 6,600         | 6,700         | 194         | 8,100         | 8,200         | 268         |
| 700           | 800           | 11          | 2,200         | 2,300         | 41          | 3,700         | 3,800         | 83          | 5,200         | 5,300         | 135         | 6,700         | 6,800         | 199         | 8,200         | 8,300         | 274         |
| 800           | 900           | 13          | 2,300         | 2,400         | 44          | 3,800         | 3,900         | 86          | 5,300         | 5,400         | 139         | 6,800         | 6,900         | 203         | 8,300         | 8,400         | 279         |
| 900           | 1,000         | 14          | 2,400         | 2,500         | 46          | 3,900         | 4,000         | 89          | 5,400         | 5,500         | 143         | 6,900         | 7,000         | 208         | 8,400         | 8,500         | 285         |
| 1,000         | 1,100         | 16          | 2,500         | 2,600         | 49          | 4,000         | 4,100         | 92          | 5,500         | 5,600         | 147         | 7,000         | 7,100         | 213         | 8,500         | 8,600         | 290         |
| 1,100         | 1,200         | 18          | 2,600         | 2,700         | 51          | 4,100         | 4,200         | 95          | 5,600         | 5,700         | 151         | 7,100         | 7,200         | 218         | 8,600         | 8,700         | 296         |
| 1,200         | 1,300         | 20          | 2,700         | 2,800         | 54          | 4,200         | 4,300         | 99          | 5,700         | 5,800         | 155         | 7,200         | 7,300         | 223         | 8,700         | 8,800         | 301         |
| 1,300         | 1,400         | 22          | 2,800         | 2,900         | 56          | 4,300         | 4,400         | 102         | 5,800         | 5,900         | 159         | 7,300         | 7,400         | 228         | 8,800         | 8,900         | 307         |
| 1,400         | 1,500         | 24          | 2,900         | 3,000         | 59          | 4,400         | 4,500         | 106         | 5,900         | 6,000         | 163         | 7,400         | 7,500         | 233         | 8,900         | 9,000         | 312         |

| FIGURING TAX OVER \$9,000 | Yourself/Spouse                         |            | Example    |   | 9,000 315<br><b>If more than \$9,000, tax is \$315 PLUS 6 percent of excess over \$9,000.</b><br>Round to nearest whole dollar and enter on front of form, Line 11. |
|---------------------------|-----------------------------------------|------------|------------|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                           | Missouri taxable income (Line 10) ..... | \$ _____   | \$ 12,000  | ← |                                                                                                                                                                     |
|                           | Subtract \$9,000 .....                  | – \$ 9,000 | – \$ 9,000 |   |                                                                                                                                                                     |
|                           | Difference .....                        | = \$ _____ | = \$ 3,000 |   |                                                                                                                                                                     |
|                           | Multiply by 6% .....                    | x 6%       | x 6%       |   |                                                                                                                                                                     |
|                           | Tax on income over \$9,000 .....        | = \$ _____ | = \$ 180   |   |                                                                                                                                                                     |
|                           | Add \$315 (tax on first \$9,000) .....  | + \$ 315   | + \$ 315   |   |                                                                                                                                                                     |
|                           | TOTAL MISSOURI TAX .....                | = \$ _____ | = \$ 495   |   |                                                                                                                                                                     |